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Original Communications.

OXYGEN AS A REMEDIAL AGENT.

By J. HENRY DAVENPORT, M.D. Harv.

The idea of inhaling oxygen as a remedial agent is by no means a new one. It was practised sixty or seventy years ago by Dr. Beddoes, but given up because the gas could not then be obtained in sufficient quantity, cheapness and purity. It was thought that the impurities caused irritation of the lungs, and even salivation had resulted where the oxygen had been procured from the red oxide of mercury. Moreover, caoutchouc in its present form was then unknown to the arts, and there existed a difficulty in handling the gas which the rubber bag of to-day has entirely removed. Dr. Beddoes used small closets and chambers which were filled with oxygen at large expense. But it was the discovery, by Tésie du Môtay, of a process of obtaining oxygen from the atmosphere in almost absolute purity, the only adulteration being the admixture of a slight proportion of nitrogen, a normal element of the atmosphere, that at once removed the objections of impurity and high cost. This process is so admirable for its simplicity and perfection that, like most great advances in science, the wonder is that it was not discovered before. His method is as follows:—Manganate of soda is heated to a very high temperature in iron retorts, and while in this molten state a current of atmospheric air is made to pass over it. The salt vividly absorbs the oxygen of the air in large quantities, together with a little of the nitrogen. The current of air is then shut off, and one of superheated steam substituted. The oxygen absorbed from the air is given up to the steam and with it passes along to a condenser, where the steam is condensed and whence the oxygen is conducted away to a gasometer. The sole expense is that of the fuel, as the manganate of soda can be used repeatedly.

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Oxygen thus obtained has found many uses in the arts; and in New York most especially in cheaply furnishing the blast for the lime light for night illuminations of theatres, street advertisements, &c. It is even proposed by the N. Y. Oxygen Gas Company to illumine the principal streets of the city by substituting the lime light for ordinary street-lamps, and it is claimed that oxygen can be furnished as cheaply as the coal gas.* Môtay was not thinking so much of medicine as of more remunerative arts when he published his process. Nor was it until May 1st, 1870, that a small number of the most eminent physicians of New York, "believing that a benefit to the public would result from having a sufficient supply of oxygen, in a portable form, for medical use at all times accessible," suggested to the Oxygen Gas Company the establishment of a depot for that purpose in a central locality. Among the signers were Geo. T. Elliott, Wm. H. Van Buren, Alonzo Clarke, Willard Parker, Austin Flint, and other names of equal fame in the medical world. Accordingly, an office was opened on Broadway, near the Fifth Avenue Hotel. The gas is furnished in copper or iron cylinders, in shape and size somewhat resembling the familiar chemical fire-extinguishers, and containing one or two hundred gallons of oxygen compressed by a force equal to seventeen atmospheres. From one of these as much is drawn off into a rubber bag as is needed from time to time for inhalation. During the second year that oxygen was thus offered in portable form to the medical public of New York, upwards of 400,000 gallons of the gas were sold for medical purposes, and the demand is constantly increasing.

A new field was thus thrown open to competition. During the same year (1870), the prize of the Alumni Association of the College of Physicians and Surgeons was awarded to Dr. A. J. Smith, now Lecturer on *Materia Medica* in the Long Island College

* Since the above, the oxyhydric light has been tried in Paris in the street-lamps of the Boulevard des Capucines. It was not a success, and is now discontinued there, on account of its complicated management and its expense.

WHOLE No. 2321

Hospital, for an essay on "Oxygen as a Remedy in Disease." The essay follows the history of the gas from its discovery during the last century, by Dr. Priestly, to its dispensation in New York in 1870. Dr. Priestly was the discoverer, not only of oxygen, but also of its peculiar relation to animal life, and suggested its possible employment by the physicians. But his words fell on ears as unwilling as those of the surgeons to whom Sir Humphrey Davy formerly recommended the possible use of nitrous oxide as an anæsthetic.

Dr. Smith's essay having brought the subject prominently before the profession, there appeared during the succeeding year various articles in the local journals of New York, speaking highly of the power of oxygen, and from a study of the cases thus made public the following therapeutical uses may be deduced.

The diseases in which oxygen is of benefit are conveniently divided into three classes:—

First, those involving dyspnoea, which are essentially acute. The oxygen here acts only as a palliative, serving to bridge over a chasm, and give nature an opportunity to recover her scattered forces. It merely prevents death from absolute suffocation arising from imperfect aëration, or, more properly speaking, oxygenation of the blood. Examples of this class are the acute stages of bronchitis, Bright's disease, heart disease, uræmia, opium poisoning, and the like.

Second, those involving defective nutrition or excretion, which are essentially chronic. Oxygen here acts as a tonic, increasing the weight and strength, and visibly restoring the natural ruddy hue of the face in health. It has in this way been found valuable in phthisis, emphysema, acute dyspepsia, anemia, &c. In these affections, three or four gallons are inhaled daily.

Third, in certain spasmodic diseases, oxygen has an unexpected but welcome effect. It is a sedative, though an indirect one, and has been found of great use in asthma, chorea, epilepsy, and many other ailments of a convulsive nature.

Perhaps the mode of action of oxygen can be best appreciated from the recital of a few cases from the journals.

A child, 2½ years old, was at the point of death from bronchitis intercurrent with measles. Dr. Little was called in consultation, and considered the case hopeless. The respiration was 80 per minute, accompanied by râles audible at some distance

from the bed; pulse too frequent to be counted; face pale and dusky; extremities cool; body excessively hot. About four gallons of oxygen were administered at 10, P.M., with little effect. At midnight the administration was resumed, and continued without intermission until 3, A.M. Within an hour the respiration had fallen to 60, and the pulse to about 160. By 2, A.M., the face had regained its natural color, the mucous râles were *no longer audible unless the ear were placed to the chest*. The inhalation was continued irregularly for five hours longer, when it was wholly discontinued. The next day convalescence was fully established.*

Dr. Peaslee related, before the New York Medical Journal Association, a case that came under his notice of an aged lady who had been suffering from disease of the heart for some two years. A sudden attack of dyspnoea came on. About five gallons of oxygen was inhaled every ten minutes. Very soon the dyspnoea was relieved, the lividity of the lips removed, and she was comparatively comfortable. Moreover, the oxygen aroused her from the state of stupor into which she had sunk, and to which she would regularly return on stoppage of the oxygen. There was, of course, no arrest of the pulmonary œdema. The liquid rose higher and higher, the patient sitting erect. In Dr. Peaslee's opinion, the gas did great service in unquestionably prolonging her life until the medicine given for the œdema had time to operate, which it did in the course of about half a day. The next day there was a relapse. Oxygen was again resorted to. Matters continued thus for about ten days, and the patient seemed to be out of all danger for the time being. But symptoms of double pneumonia setting in, she died very soon. After the outbreak of the pneumonia oxygen was given for three days, and enabled her to converse with her family up to ten minutes before her death. In this case the patient knew her condition perfectly, and desired to live until her son and daughter could come on from the West; and Dr. P. is convinced that the oxygen alone enabled her to accomplish her desire.

The case of the late Secretary Stanton, as related by Dr. Smith, was one in which oxygen was the means of averting a great deal of suffering. He was subject to severe paroxysms of asthma, which seriously aggravated his condition during his last illness. His physician, Surgeon-General

* New York Medical Record, June, 1869.

Barnes, U.S.A., procured a supply of compressed oxygen, of which three or four cubic feet were inhaled daily. It controlled the paroxysms completely, and, so far as the asthma was concerned, met every indication. Gen. Barnes expressed himself warmly in favor of the gas in similar cases, and stated that both he and his illustrious patient were entirely satisfied with its effects.

We cannot, for want of space, rehearse any cases illustrating the tonic effect of oxygen. Demarquay even asserts its remedial power over some forms of diabetes, and states that by its agency he has reduced the sugar in the urine by one half, the diet remaining unchanged.*

Among the most interesting clinical observations have been those of Dr. Smith on the effect of inhalations of oxygen upon the pulse. The first series of 102 cases were upon 11 phthisical patients, in 62 of whom the pulse was retarded 10 beats per minute, in 16 the rate was not modified, and in 12 there was an increase of 6 beats. Among the 11 patients experimented upon, 3 uniformly presented a lowering of the pulse, while the 8 others varied, though usually the pulse was diminished.

In a second series of 12 observations on 12 healthy individuals, 4 presented no modification, while the 8 others presented a diminution of 9 beats per minute.

If the reduction of the pulse had been confined to the phthisical cases, we might suppose that the action of the oxygen had been merely that of a stimulant, such as brandy; but when we consider the effect produced on the system in health, this view, Dr. Smith thinks, is not tenable. The indication seems to be that oxygen is an arterial sedative, not perhaps analogous to digitalis or veratrum viride, but acting indirectly, causing a change in the blood which facilitates the circulation and lessens the labor of the heart. This sedative action was sufficient, in a case of nervous debility related by Dr. Peaslee, to cause sleep where chloral had only a partial effect.

A third series of experiments was made with the aid of the sphygmograph. It is impossible here in the absence of plates to dwell on the results obtained. But they are worthy of the attention of those versed in the study of sphygmography. In a general way, we may say that the height of the curve is increased and the diastole more pronounced. Oxygen, in a word, gives greater regularity to the pulse.

The amount of oxygen used in these experiments was generally about eight gallons, which was inhaled gradually in the course of a few minutes.

The method of action of oxygen in relieving dyspnoea is sufficiently obvious. If the patient breathes an atmosphere containing an increased proportion of oxygen, the blood is more quickly and thoroughly saturated and the breathing made proportionally easier. But, although it may be said in general terms that nearly every disease involving dyspnoea may be at least temporarily relieved by inhaling oxygen, still this help is not always so speedily found. Though so clearly indicated theoretically, we often meet with rugged obstacles in practice. Nor is it by any means clear why a remedy so magical at some times is so powerless at others. At present, several reasons have been offered in explanation. The blood is said to be very nearly saturated with oxygen in ordinary respiration, and even an atmosphere highly charged with the gas cannot add very greatly to the quantity absorbed. If there be a partial obstruction in the air-passages, leaving the air-cells intact—a condition, for example, which obtains in bronchitis—then by adding to the little air that really is inspired an extra amount of oxygen, we may preserve the effect of the standard respiration.

But if the air-cells of a large portion of the lung are filled up, a condition that is found in extensive pneumonia, add as much oxygen as we please to the air which penetrates the remainder of available lung, and yet we may not be able to force into the system the usual and necessary supply.

Moreover, as Dr. Nefel observes, we must remember that the process of oxygenation is subject indirectly to the nervous system through its connection with respiration, which, with its complex and ingenious coördination of movements, is governed by the respiratory centre in the medulla oblongata. Whenever, then, asphyxia is due not to want of air in the lungs but to a diseased condition of the nervous system, we cannot expect much from the use of oxygen. Again, since the red corpuscles are the chief agents in the reception of oxygen, it is evident that when they are deficient, either in number, as in leukaemia, or in quality, as in diabetes, oxygen must often fail to be of any marked benefit.

It would be interesting to detail some of the physiological experiments with oxygen on animals. We have often noted when breathing oxygen the ease with which the breath can be held for a period almost im-

* See Ringer's Therapeutics, New Edition.

possible when inhaling merely atmospheric air. By saturating the system with oxygen, we obtain a condition of "apnea" in which respiration practically ceases for the time being. It has even been shown that an animal in the convulsions caused by strychnia has complete relief from them while in this condition of "apnea." Some experiments of our own in this matter are reserved for a future paper.

496 Tremont St., July, 1872.

A CASE OF DEATH FROM BATHING; WITH REMARKS.

By W. H. CAMPBELL, M.D. Harv.

I was called, on the afternoon of the 13th inst., to see a girl of about 14 years of age, who was said to be dying. I found her unconscious; gasping for breath, but with the heart beating strongly. In a few minutes after my arrival, she ceased breathing entirely, while the heart continued to beat for a considerable time after respiration had entirely ceased. On inquiry, I learned that she was in good health on the day previous, and that about the middle of that afternoon, she went to a public bathing house near by her home to bathe.

On her return, she complained of headache, and told her mother that while in the water she "felt her ears burst"—whatever that might mean. She slept somewhat during the night, but complained of restlessness, discomfort and bad dreams.

Next morning, the headache became more intense, and vomiting set in, to relieve which, soda powders had been administered without the desired effect.

The vomiting continued all the forenoon, and till about 2½ P.M., when she became convulsed, and fell into a state of stupor from which she did not rally.

So far as I could learn—and I made careful inquiry—she had not been unduly exposed to the sun's rays, but as the day was hot, she was probably more or less affected by the increased temperature, and by going into the cold water a sudden and rapid chilling of the surface took place, causing congestion of internal organs—the brain and other nervous centres receiving the severity of the shock.

As no other cause of death could be discovered, I attributed it to the cold bath, and I think with reason.

In the public bathing-houses of this city, the water is let into the tank at the bottom, and flows off at the surface, so that a con-

stant current is kept up, the water thus retaining a temperature about the same as that of the Cochituate received directly from the main pipes, which is certainly not very cold, but is yet too cold to be immersed in for any great length of time.

In this cold water, I am informed that boys and girls are in the habit of remaining, unrestrained, as long as they please, it being a popular notion that bathing at any and all times, is "healthy."

In these days, when the use of the cold bath, as a remedial agent, has been reduced to almost an exact science, it is well to inquire how much the sanitary condition of our city is improved by this wholesale and ill-regulated bathing.

Undoubtedly, cold baths are of value in the treatment of some forms of disease, but whether the general and every-day use of such baths is conducive to the health of a community, is by no means so certain.

No bath of less than 98° Fahrenheit can be other than a depressant if the bather remain in it longer than one or two minutes; and in excessively hot weather, such a bath may not only prove a depressant, but by its use the system may even receive a shock that is incompatible with life. Bathing for purposes of cleanliness is to be recommended. Beyond this it cannot but be injurious; and it would be as rational a pastime, and as little deleterious to health, for all the little boys to take a dose of Epsom salts every morning, as to go in bathing, indiscriminately.

Rules for bathing, for the purpose of guarding against some of its evils, might be framed, but it would be like making rules for the safe use of narcotics, or for the following of any other more or less injurious habit.

However, as we have free bathing-houses, and people will bathe in them, the following suggestions may not be amiss, especially at this season of the year:—

1st. The temperature of the water should be as near that of the body (98½° Fahr.) as possible; below this, the colder the water the more injurious it may be. (The Cochituate water is now about 75° Fahr.)

2d. The surface of the body should not be in a state of perspiration when entering the bath; nor should the body be overheated through exercise; nor cold, or in a state of chill.

3d. The bath should not be resorted to immediately before or after a meal, as it will surely interfere with the process of digestion. The best time is probably just before retiring for the night, the body then

having a chance to recover from the depression induced by the bath.

4th. Five minutes is long enough to remain in the water, and the bath should not be repeated oftener than once in twenty-four hours—better once or twice a week only.

5th. The best way to enter the bath is headforemost. If this is not agreeable, the head may be well wet before plunging in, and it should be kept well wet during the whole time spent in the water.

6th. Diving does no harm if the bather does not remain beneath the surface too long; but the attempt to show how long immersion of the head can be borne is obviously a very dangerous sport.

7th. After leaving the water, the body should be thoroughly dried, and the clothes put on as soon as possible; lingering about naked, or only half-dressed, being very injurious.

If the foregoing suggestions were always attended to by bathers, some of the dangers I have referred to might be obviated, and the luxury of a cold bath be rendered comparatively harmless.

1328 Tremont St. (Roxbury),
July 18, 1872.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

MAY 13th, 1872.—*Umbilical Hemorrhage*.
—Dr. SINCLAIR reported the case.

The child, at birth, appeared healthy. Its father had been enfeebled by a gun-shot wound, and its mother was a "nervous" woman. On the morning after birth, an ecchymosis was observed on the shoulder and some others on the extremities. In the fear of umbilical hemorrhage, directions were given to apply the persulphate of iron if necessary. Hemorrhage came on, first from the gums, then from the navel, and afterwards from the bowels. There was no jaundice. It died on the fifth day. Dr. Sinclair asked in what such a case differed from purpura hemorrhagica.

Dr. BOWDITCH spoke of two cases which he had seen, occurring in the same family. In both the first symptom was oozing from the cord.

Dr. MINOT said that the trouble in these cases was that the blood did not coagulate. In some respects these cases do resemble

purpura hemorrhagica, although the purpuric spots are not usually as round. It is not uncommon to have more than one case in the same family. Nearly fifty per cent. of the cases are jaundiced, and eighty-four per cent. are fatal. If, however, the patients live for a certain number of days they recover, and show no signs of hemorrhagic tendency in after life. Hemorrhage is not confined to the umbilicus, but usually comes also from the mucous membranes, or from any cutaneous scratch, as one made by the forceps. Dr. Minot had had four cases in one family. He did not know the proportion of cases in which the hemorrhage was confined to the navel, but this was the case in some, while, on the other hand, in others there was no umbilical hemorrhage, the blood coming entirely from the mucous membranes. In all cases, however, he thought the blood was of the peculiar purpuric character.

Dr. FIFIELD said that we might have hemorrhage from the cord independently of purpuric tendency, and quoted two cases where it was due to *nævi* in that situation.

MAY 13th.—*Fatty Dejections for four Years; Cancerous Disease of the Pancreas and Liver*.—Dr. BOWDITCH reported the case, which occurred in the practice of Dr. Young, of Gloucester.

"The patient was a school-teacher, *æt.* 39, born and still living in Gloucester, Mass. House dry, on northern side of hill. When young, the patient enjoyed an average degree of health. During her life she has had some fevers, never severe; the last occurred two years since, with headaches and some looseness of the bowels, but she was only three days absent from school, where she has been constantly at work till the present day.

"Four years ago, the present illness began with a diarrhoea, which has continued more or less till now (March, 1872). After it had continued three weeks, she first noticed that the discharges contained fat, sometimes separated from fecal matters, at other times entirely free from them. The fat separated and floated on any liquid. For the past year, by the advice of a physician, she has used much fatty food. The number of daily dejections have varied from two to seven for the four years past. Of late, they are less numerous than at an earlier period. She cannot tell why they vary. If, one day, she has one, the next day she has many. No pain accompanies them, but a sense of fullness of the bowels, which is relieved by a defecation. Only within the past month has she had some

slight indigestion, marked by a distress, but no sharp pain or other symptom. Rarely, there is acidity. The urine seems to her to be natural. Slight palpitation during the past few months, but only on going up stairs. Menses, well. About four weeks ago, nearly one half a pint of blood came from the rectum, unmixed with fat, but fresh and bright. No pain or smarting in the rectum or backache with this. No trouble in head. Her countenance was pale, but not unhealthy looking. No look of malignant disease was noticed. She had used the pancreatic emulsion for the past months, but had been nauseated by it. A large quantity of foetid masses of yellow fat, containing fat cells and various crystals, were sent subsequently."

She was ordered to avoid fat, and to try citrate of iron and quinine, ten grains three times daily.

She died April 1, 1872. She gave up her school nine weeks before, owing to the prevalence of smallpox, but she soon began to grow worse. She kept about the house, lying upon a lounge three or four weeks, and then took to her bed, remaining there five or six more, suffering with pain and distress in the region of the liver and abdomen generally. A little vomiting occurred during the last week, and the dejections were less fatty towards the last two weeks. They became copious, rather dark, with small masses of white substance merely, but no positive fat. Complained of heat, but there was no unnatural heat of skin. Appetite poor. No palpitation. Breathing easy, except during the last day or two. No great emaciation. Some yellowness of skin, and a little of conjunctivæ a week or ten days before death.

Autopsy, by Mr. Sabine, house pupil of the Massachusetts General Hospital. Emaciation was not very marked. The color of the skin was quite yellow. The feet were slightly oedematous. In making an incision through the abdominal walls, the knife met with some resistance over the epigastrium, as though it rested upon some firm substance. On removing the sternum, the diaphragm was found pushed up to a level with the junction of the third rib with its cartilage on the right, and with the junction of the fourth with its cartilage on the left side. The lungs were perfectly healthy, being of a dark color on their posterior surface, due to hypostatic congestion. The muscular substance of the heart was rather paler than usual, and the aortic valves somewhat fenestrated; otherwise the organ appeared normal.

The peritoneal cavity contained above one pint, by estimate, of clear, yellowish fluid. All the abdominal viscera were perfectly healthy, with the exception of the liver, pancreas and kidneys. No examination was made of the uterus.

The liver, which was enormously enlarged, was removed, together with the pancreas and duodenum, in one mass, the supra-renal capsules adhering to it. The mass was found to weigh 10½ lbs. The kidneys were of normal size, but the convoluted tubules had the appearance of being fatty.

The following is the report of the examination of the liver, pancreas, &c., as made by Dr. Fitz.

The head of the pancreas was enlarged nearly to the size of the closed fist; it was dense and heavy. The rest of this organ, as observed externally, was apparently normal.

On section through the head, a soft, yellow, pulpy mass was displayed, enclosed in larger and smaller amounts between tolerably dense septa of fibrous tissue, the normal gland structure having entirely disappeared.

The mucous membrane of the duodenum lying over the pancreas was ulcerated, a loss of substance as large as a nickel cent having occurred, separated by a bridge of mucous membrane from a smaller ulcer in the immediate vicinity. The base of the ulcers was formed by the broken-down, somewhat firm, yellow, cancerous gland.

The duodenal orifice of the pancreatic duct was completely plugged by a rounded, cancerous mass, apparently lying in and beneath the mucous membrane of the same, which had ulcerated, however, over its convexity. This plug, nearly as voluminous as the little finger, filled the duct as far back as the junction of the tail with the head of the organ, beyond which point a tolerably uniform dilatation existed, large enough to admit a finger, and filled with an opaque, yellow pulaceous fluid.

The liver was considerably enlarged, very heavy, of an intense yellow color; the surface irregular from the presence of rounded, flattened elevations, at times umbilicated, an inch and less in diameter, projecting above the surface a line or two. The peritoneal investment was thickened and opaque over these nodules; elsewhere thin and transparent. So numerous were these elevated patches that but little of the hepatic tissue remained. On section through the organ, its substance was seen to be crowded with nodular masses, vary-

ing in size from that of a pea to that of a plum, their periphery often more or less serpentine, in many places confluent; again, homogeneously infiltrating the hepatic tissue over a very considerable surface. The nodules were of a sulphurous yellow color, very soft, breaking down under the knife, often traversed by fibrous threads and bands which divided the mass into irregular compartments. Numerous branches of the portal vein, cut in various directions, were found to contain a similar substance to that existing in the nodules. Pressure applied to a portion of the liver caused soft, yellow plugs to project from the surface to a considerable distance.

So general was the alteration of the liver that but little of the normal structure remained. The left lobe was somewhat less diseased, proportionally, than the right, and the hepatic cells were infiltrated with fat to an extreme degree, as a rule, of a marked yellow color. In parts the acini were of a diffuse reddish-yellow color, as if extravasated blood were present.

The portal vein, outside the liver, was completely filled with a soft, friable, reddish-yellow mass, moderately adherent to the wall. When separated, delicate threads were seen to connect the wall with the thrombus. Microscopical examination showed that many of these threads were minute bloodvessels. The structure of the thrombus resembled that of the cancerous masses found elsewhere. This thrombus extended into nearly all the hepatic branches of the portal vein, as far into the liver as the same could be followed with scalpel and scissors, also for some distance into the mesenteric veins where it terminated as conical points, on the surface of which was found a layer of recently coagulated blood. The fibrous tissue in the porta of the liver presented a normal appearance; the lymphatic glands were swollen slightly and oedematous. But one of these was found to be the seat of the cancerous growth; in this instance, a nodule hardly larger than the head of a pin was found.

The gall-bladder, dilated to the size of a large Bartlett pear, was distended with a greenish-brown, fluid bile. Its walls apparently healthy. The cystic and hepatic ducts presented no unusual appearances. The common bile-duct healthy except at its entrance into the duodenum, where a fringed mass of excrescences, apparently composed of oedematous mucous membrane, projected, polypus-like, into its canal.

The microscopical examination of the new growth showed it to be made up of

delicate alveolar spaces, varying extremely in size, with walls of fibrous tissue and with cellular contents resembling to a considerable degree columnar epithelium, everywhere fatty degenerated, often converted into granular detritus.

The above case is peculiarly interesting, from the fact of the total closure of the pancreatic duct by a nodule of cancerous matter, and the connection of this fact with the fatty stools.

Dr. Bowditch said he had not had time to collate other cases in connection with this, but refers those who wish to do so to some details in the *British and Foreign Med. Chirurg. Review*, 1853, and to the *Transactions of the Am. Med. Association for 1853*.

MAY 13th.—*General Tuberculosis, with double Pleurisy, following Measles*.—Dr. Mixor reported the case.

The patient, W. M., a lad 18 years old, from Cape Breton, entered the Massachusetts General Hospital April 3d, 1872. For a month previously he had been troubled with dyspnoea, and had lost much flesh. Three weeks before entrance he had an attack of measles, which kept him in bed four days. He thought he took cold on going out, soon afterwards, and was confined to bed again with general pain and soreness, but especially in the back and left side. The cough, which he had from the beginning of the measles, became more severe, with much frothy expectoration. He had dyspnoea, fever and sweating, but no chills.

On entrance, he was so weak that no careful examination could be made. His complexion was dusky; the pulse 128, and the respirations 48 in the minute; temperature 104°. He was unable to lie down, and was delirious in the night. With the free use of stimulants his condition improved somewhat; and, on the 5th, an examination of the chest showed that the percussion and respiration were quite good in the upper part of both backs; but in the lower half, on each side, the percussion was dull, and the respiration very feeble, with fine crepitant râles. In front, the percussion was quite dull throughout the right side, especially in lower half; there was also considerable dullness in lower half of left side. The respiration was very obscure in the right upper front and inaudible in the lower half; very strong in left upper front, but inaudible below fourth rib on that side. The heart sounds were distant. Expectoration quite moderate, in part adhesive, with some purulent matter and froth, and a

little blood; there were no characteristic pneumonic sputa.

The general condition of the patient remained about the same until the 8th, when he appeared to be moribund. He afterwards improved so as to take solid nourishment freely. He sat up most of the time, but there was no change in the physical signs, in the pulse, respiration or temperature. He died, rather suddenly, on the 17th, at 3 o'clock, A.M.

At the autopsy, both lungs were found to be much compressed upwards and backwards, very firmly adherent at the apices, and contained a few miliary tubercles and one cheesy nodule. The pleural surfaces were covered with tubercles, extending into the fissures between the lobes. About two quarts of clear, yellowish serum were contained in each pleural cavity. There were a few tubercles in the liver, spleen and kidneys. The entire peritoneal surface and the mucous lining of the intestines were studded with tubercles, and about a quart of clear, yellow serum was contained in the peritoneal cavity. The heart was normal.

Dr. Minor said that inasmuch as both pleural cavities were found full of serum, it was an interesting question whether life might not have been prolonged by tapping.

Profession." A few extracts will show the Editor's drift, and argument.

"The delegates attend the meetings of the Association for the purpose of having a delightful social time, and very few of them give any attention to its business management. . . . work on committees, or study over resolutions, or even cast their votes on any important matter.

"This explains also the meagreness of the scientific contributions of the Association. . . .

"The session of the Association is so short that it is absolutely impossible to settle difficult questions. . . . An ordinary dice-box would get the average views of the profession on great professional issues better by far than the morning sessions of the American Medical Association. . . .

"The business affairs of the Association are almost entirely controlled by one man, Dr. N. S. Davis, of Chicago. . . .

"To Dr. Davis, more than any one man, more than any number of men, the Association is indebted for whatever of evil or of good it has accomplished. . . .

"These words are not in censure of Dr. Davis; they are rather in his praise. But for his watchfulness, care, and supreme influence, the Association might have passed we know not how many absurd resolutions. . . .

"It is not our purpose here to find fault, but to explain what to many has been a great mystery, the failure of the American Medical Association to represent the American Medical Profession."

The *Record's* "suggestions" for remedying all this are four:—"closed doors"—"re-elect delegates"—"banish useless lumber called Transactions"—"large committees, fairly chosen."

Such, in brief, are the explanations of the *Record*, and such is its remedy. To its explanations, so far as they go, we have but one exception to take, and that is to its words "of evil," referring to Dr. Davis. That gentleman, it is true, has been the *pater omnipotens* of the Association, having, we believe, its best interests always at heart and laboring unceasingly for its welfare, with those who assisted at its birth and those who have feebly sustained its later tottering efforts at progression—*et omnes magnus alit*. We have no acquaintance with Dr. Davis, and judge him only as connected with the Association, and must do him the justice to say that "whatever of evil it has accomplished" cannot fairly be attributed to him. He may not have been able to raise it to his ideal, but he certainly is not chargeable with its failure. In our

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 25, 1872.

THE AMERICAN MEDICAL ASSOCIATION.

UNDER the caption of the question "Why is it that the American Medical Association so misrepresents the American Medical Profession?", and after the subsequent statement that "for years our profession has suffered in the eyes of all intelligent and honorable citizens from the ignorance, the narrowness, the recklessness, and the Titanic stupidity that, of late years, at least, has pretty uniformly characterized the public utterances of this Association," the *New York Medical Record* of July 1st proceeds to give its "explanation of the fact," and then offers "suggestions" through which, if adopted and carried out, it believes that "the American Medical Association may become a power instead of a farce in the

opinion, the cause of this failure lies deeper than the "supreme influence" of one man, or set of men. It lies in the very constitution of the Association itself; the innate feebleness of which, the *four specifics* of the *Record* would be utterly inadequate "to redeem." It is notorious that, in the language of the *Record*, "those physicians who have made the profession what it is in America, who, by their writings, their discoveries, their learning and their personal character, have honored their country and themselves, and who have been hitherto kept aloof from the Association," have been so kept aloof by its own constitution, which allows, nay, in practical working, to a large extent seeks out and asks, those to become delegates who, in no sense whatever, truly represent the Societies or Institutions whose names are borne upon their credentials; but who, perhaps self-nominated, attend the meetings for a "good time", the junketings and festivities, or for personal and even less worthy purposes. This is notorious. What wonder, then, or "mystery" in the failure of the Association to represent the American Medical Profession! What wonder, then, that even Dr. Davis, with all "his watchfulness, care and supreme influence," has been unable to prevent its downward progress to disgraceful imbecility, until it has become, as the *Record* says, in the opinion of the "calm, wise and judicious, 'the greatest of all humbugs.'"

And is there no remedy? We think there is; for we, too, have a specific, a nostrum—which we think quite possible for Dr. Davis, with the aid of the *Record* and a few real friends of the profession, to "administer without great risk, or great effort, on the part of attendants, or great struggles on the part of the patient in its present enfeebled or almost moribund condition. After this nostrum has had time to work, the four specifics of the *Record* may be added with the certainty almost of giving a life and vigor to the resuscitated frame such as it has never yet exhibited.

Hitherto, the Association has shown, as might have been anticipated, that men, as a general thing, do not value, but rather

avoid, as conferring no honor or satisfaction even, positions which, as we have intimated, any one, however inexperienced, incompetent or unfit, can have for the asking. Herein is its present weakness, which must be removed before any hope of improvement can be entertained. In future, then, let the Association have, or rather consist of a working Board, a true representative body, of limited numbers, membership in which shall be the reward of professional ability, usefulness and eminence. Two from each State would be a sufficiently large number for all practical purposes. Let this Board be called the National Council of the American Medical Association. Let this Council meet once a year at some convenient place, say Washington, or as the Board might from time to time determine, and continue in session sufficiently long to attend to all legitimate business, scientific and professional, everything in fact in the interests and needs of the profession throughout the Union—giving such advice, recommending such rules, issuing such "Transactions," as would be for the elevation and advancement of the whole profession. Let the term of service for these two National Councilors be six years—one to be chosen every three years; and, to place them as much as possible above temporary influences and purely local interests, let them be chosen by a State Council, which, for this and other duties, may be constituted and elected as follows:—

Let each of the several State Societies choose from its most experienced and best qualified men a number equal, say, to that of the State's Representatives in Congress (one third each year), and, as far as convenient, to obtain representation of all parts of the State—one from each Congressional District. Let these hold office for three years, and form what may be called the Local or State Council of the American Medical Association. They could meet yearly, or oftener if found useful, to consider, primarily, professional matters which in the State are, or may be, of National concernment, and to make selections of such as should be carried before the National Board—in short, to do all the work

of a State Committee. Each of these State Boards should, once in three years, choose one of the National Councillors, as before mentioned, from their own Board or at large, wherever the best qualified could be found. As in these State Boards the chief preparative work should be done, while its revision and completion should be left to the sober judgment and more deliberate action of the National Board, the National Councillors might have seats in the State Board—without vote—in order that they might know all the arguments and circumstances relating to any case, and the wishes of the State Board, in full, to guide their own action in the National Board.

The numbers in the several State Boards would be sufficiently large and well proportioned. For a national council seventy or eighty, thus selected, would be ample; and the length of the term of service would enable them to preserve a continuous and consistent plan of work, while half of their number coming new every three years would prevent any lapsing into indifference or negligence. The influence of the State Councils, as indicated, most fully impressing their own wishes and the wishes of their immediate constituents on individual National Councillors would, through the National Board, give a voice to the profession such as was never before known. It is not necessary to give other details at present; such could be easily wrought out, the plan itself being quite feasible.

As for "ways and means," such could be arranged for without difficulty. The addition of a dollar (or even half of that sum) to the annual assessment in the State Societies, would give more than enough for all expenses, including, if thought best, mileage and pay of the National Board while in session.

Should the plan work successfully, as we have no doubt it would, eventually the State Societies might, if then thought advisable, without changing name or management in any other respect, become branches, and their Districts sub-branches of the National organization, retaining all the desirable features now possessed; and thus give to each of their members an additional bond

of union with the whole profession in the country, and an additional *title* to the respect of the community at large.

In such event, the National Council could arrange for general meetings (every year or second year, and in different parts of the country), for all members who might choose to attend. At these meetings there might be orations in medicine, in surgery, and in other departments, reports, communications, discussions, and consideration of other matters of professional interest; while all the evils of the present organization would be avoided, by the exclusion of all matters of business or control, which would continue in the hands of the National Council, and not be agitated at any of these general meetings.

Under such a system as we have described, there would be no difficulty in getting the right men for these right places for them. To be a member of the State Council would be worthy of the laudable ambition of any aspiring physician; to be one of the National Board would be held by all as the highest professional honor the profession could confer upon eminent talent and well-tried fidelity to its interests.

Under such a plan the American Medical Association would soon become "a power" in the land, and connection with it, even as a member merely, an object of just pride with every high-minded and well-educated practitioner throughout the country.

CHLORAL AS A TOPICAL APPLICATION IN ECZEMA.—A correspondent writes us that during the past year he has used, in several cases of chronic eczema, with very much satisfaction to his patients and himself, a solution of the hydrate of chloral as a topical remedy, in the proportion of one or two drachms to a pint of water, applied two or three times a day.

LEGALIZED DISSECTIONS.—Michigan and Iowa have recently legalized dissections, and made provision for it by permitting physicians, medical societies and colleges to claim for this purpose the bodies of criminals and paupers unclaimed by friends.

The Month.

THE MORTALITY in Boston during the month just passed has shown a very decided increase, contemporary with the extraordinary heat. The deaths among children have been very numerous, presenting a weekly increase which is curious and suggestive. Cholera infantum has begun to demand the annual immolation of the innocents and to a degree unusual at this part of the summer.

The following table will suggest interesting deductions —

	Whole No.	Under 5 yrs.	Chol. Infant.
Deaths in week ending June 29,	126	53	9
" " " " July 6,	228	105	34
" " " " " 13,	216	124	62
" " " " " 20,	237	157	94
Total,	807	442	199

More than one-half the total number of those who died were under 5 years of age, and almost twenty-five per cent. of all the deaths reported were from cholera infantum.

ADVANCE OF THE CHOLERA.—A despatch from London, dated July 20th, gives information that advices from St. Petersburg state that the cholera epidemic is gradually making way from the eastern provinces and gaining foothold in the central and western portions of the empire. Moscow is now suffering from its ravages, and the disease there has assumed a most malignant form.

The proportion of deaths to recoveries is placed at eight to one. This fatality has created a panic among the inhabitants, and thousands of the better classes are fleeing into Western Europe.

At St. Petersburg a few sporadic cases appeared, and the authorities have adopted the most rigid precautions to cut off communication between the capital and the infected districts.

A CHAIR OF PHYSIOLOGY has been established in the Maine Medical School, and Dr. Robert Amory, of Brookline, has been appointed lecturer.

CHANGES IN THE COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.—Dr. James W. Lane has resigned the chair of Materia Medica and Therapeutics and been appointed Adjunct Professor of Obstetrics and the

Diseases of Women and Children. Edward Curtis, M.D., has been appointed Lecturer on Materia Medica and Therapeutics, and Charles F. Chandler, Ph.D., Adjunct Professor of Chemistry.

DR. BENJ. HOWARD, of New York city, has been appointed Professor of Surgery in the Medical Department of the University of Vermont, and has accepted.

THE LATE DR. EDWARD B. DALTON, OF BOSTON.—Dr. Dalton was formerly a resident of New York, and at a late meeting in that city of the Medical and Surgical Society of New York, a series of resolutions were passed eulogizing him as a man and a physician. In offering them, Dr. Geo. A. Peters made a few remarks bearing testimony to the rare character and great worth of their subject.

NEW YORK STATE INEBRIATE ASYLUM AT BINGHAMTON, N. Y.—The report of this institution for 1871 was recently issued. The number of patients admitted since the hospital was first opened, five years ago, is 1017. Number admitted during 1871, 244; number under treatment Jan. 1, 1871, 71. Total number treated, 315; discharged, 230. In hospital Jan. 1, 1872, 85. Of the 230 discharged, 184 were discharged with great hopes of a permanent cure. Discharged unimproved, 46.

QUACKERY AND THE RELIGIOUS PRESS.—At the recent meeting of the General Methodist Conference, a proposition was made to prohibit the insertion of quack advertisements in the *Church Journal*. The motion was referred to an appropriate committee. It is suggested that not only this reform be carried out, but also that every clergyman giving to patent nostrums his individual endorsement be deprived of his ecclesiastical rights.

CREASOTE.—The sum of three hundred thalers (about \$215) has been placed in the hands of the Medical Faculty of Leipzig, to be awarded by them to the best Essay on the therapeutical uses of chemically pure beech-wood creasote. Such essays must be sent to them before March 31st, 1873.

DR. IRA RUNSEN, late chemical instructor at the University of Tübingen, Germany, will occupy the chair of physis and chemistry at Williams College, assuming his new duties with the opening term.

TRUSSES FOR PENSIONERS.—Surgeon-General Barnes, U. S. Army, advertises that, in accordance with the Act of Congress, passed at the last session, his department is now ready to gratuitously furnish trusses to all soldiers who were ruptured while in the line of duty during the late war. Proof of the hernia and of the date of its occurrence must be forwarded on the certificate of the examining surgeons for pensions. A Board of medical officers appointed, in accordance with the Act, to determine the merits of samples of trusses, report in favor of the Chase pattern, and also of those submitted by Bartlett, Buttmann and Parker, of Chicago. These patterns have been adopted and a choice is given to every applicant.

THE FREEDMAN'S BUREAU was discontinued July 1st, and all its business matters transferred to the Adjutant General's Department of the Army, with the exception of the Freedman's Hospital and Asylum at Washington, D. C., which was, at that date, turned over to the Surgeon-General, with all the records, papers, funds and property connected therewith. For the support of this institution for the coming year, that is, for the pay of medical officers and attendants, medicines, medical supplies and rations, clothing, rents of hospital and its supplies, repairs and transportation, Congress, at its last session, appropriated seventy-four thousand dollars. No part of this appropriation is to be used in support of any persons hereafter admitted, unless removed there from some other government hospital. After one year, this hospital is to be continued under the supervision and control of the Secretary of War.

AN ARMY SURGEON RIGHTED.—The Post-Surgeon at Fort Sully, Dakota Territory, has found a good friend in the Major-General commanding the Department, who at once saw through the inconsistency of the sentence of a court martial and now reinstates the surgeon. The circumstances appear to be as follows:—About a year ago the surgeon reported to headquarters that a Captain stationed at the Post "suffers so much mental excitement, the result of a gun-shot wound in the head, as to require either the action of a retiring Board, or that he be put under medico-legal restraint." This brought an order for the removal of the Captain to a Government Asylum. For this the surgeon was lately brought before a court martial on the charge that the report was "false, malicious and libellous,

and calculated to and did injure the Captain, by causing the publication of the special orders in his case." The court acquitted the surgeon of malice, libel, and conduct unbecoming an officer and gentleman, but found him guilty of writing an official communication which "injured an officer, to the prejudice of good order and discipline," &c., and sentenced him to a deduction of one hundred dollars a month for a year, and confinement to the Fort limits for the same time.

The Major-General reviewing the case, after usual preliminaries, says: "The Court, by its findings, declares the report to have been true (or, at least, not proved to be false), not malicious nor yet libellous, but that it was *calculated to*, and did, injure an officer. These findings cannot be reconciled to each other. Without again going into this question at length, suffice it to say that by excepting the words 'false, malicious, and libellous,' the Court has pronounced this report to have been made without intent to do injury, and from no bad motive." If so, the "Surgeon was simply and properly fulfilling a duty;" . . . "to this duty no criminal responsibility could be held to attach" . . . "Surgeon — is released from arrest, and restored to duty."

It were well if the profession always had a "reviewing officer" so quick to detect the frequent inconsistency of charges brought against its members, and so prompt to declare it.

THE BOSTON CITY COUNCIL did a good work last week in a sanitary direction by passing ordinances requiring market-men to bring into the city vegetables divested of unnecessary portions, leaves, &c., which are usually thrown from their carts into the streets, to an amount of many cart-loads around the principal markets. On the previous Saturday, according to the Superintendent of Health, twenty-two loads, each equal to two or three common cart-loads, were taken from the vicinity of Faneuil Hall Market alone. The complaint is that in the recent hot weather, with frequent showers, this constantly decaying vegetable matter in the streets has been very annoying, not to say prejudicial to health, and the practice certainly ought to be prevented at all times.

It was also ordered that the Cochituate Water Board furnish East Boston with Cochituate water at the earliest practicable moment. This section of the city has hith-

erto been supplied by the Charlestown aqueduct which takes its water from Mystic Pond. A member stated, in explanation, that the people of East Boston had for several months been furnished with water in a filthy state; that he had, with others, made an examination of the sources of supply of the Mystic water. In that examination he visited several tanneries where the water for the washing of hides was allowed to flow into the pond, producing an almost incredible amount of filth. There were thirty of these tanneries, and one of them used fifteen thousand gallons of water a day, which he was assured was about the average of the thirty, and the residuum flowed back again to the pond.

The specimen of filthy water which he exhibited to the Council was drawn from his own faucet, and as there was now Cochituate water enough, a better supply should be furnished to East Boston. Some of the water from Russell's Brook had the appearance of the residuum of a kerosene factory, and a person located near there stated to him that the stench was often so great that he was obliged to close his windows.

While looking out for the sanity of the body, that the mind also may be kept healthful—not even provoked to indignation by disreputable acts of the thoughtless or evil-disposed—the Council also passed an ordinance providing for the imposing of a fine in cases where persons walk, stand or lie down upon the grass on the Common and Public Garden at times when the committee of the City Council publicly prohibit such acts.

If now the Council would add to these good deeds another of still more importance and value to every citizen, viz., the watering of the streets at public expense, they would do more for the public health than has ever been done by any measure however important it might have been. Every man, woman and child, that walks or drives through a dusty street, or whose dwelling borders upon one, is constantly inhaling a pulverized compound of granite and dung, disgusting in itself, and in its consequences fearful to contemplate. Furthermore, anyone who will give attention to the subject, will soon perceive that in the wear of the streets themselves, of the vehicles drawn over them, and of the clothing of those who walk through them, there are tangible consequential damages of greater cost to the community than the amount of taxes required for thorough watering, which would save all this expensive wear

and tear, in addition to the healthiness promoted by it.

LA CRECHE—THE MANGER.—Under this title many years ago a charity was established at Paris, for the care of nursing children whose mothers were obliged to go out to daily work for their living. The children could be left at the rooms by the mother in the morning as she went to her work, nursed at noon by her and again at nightfall, after which she took her child with her to her own home. During the day, the babies were taken care of by trained nurses, their necessities attended to, and medical attendance obtained if required. At first this was all free; but, while so, never became popular with the classes it was intended to benefit. Afterwards the small sum of two sous (less than two cents) a day was exacted before the child could be left. This plan worked admirably. The mothers were satisfied, or rather quite pleased, with the arrangement, brought their children very regularly (instead of only occasionally as before); and, in short, the plan worked well, to the great advantage of all for whom it was intended. At present there are one or more of these crèches in every ward of the city.

We are glad to hear that similar establishments are getting into favor in this country, in New York and elsewhere; there cannot be a more useful or unobjectionable charity. In a neighboring city, a trial is to be made on a somewhat extended scale—the taking care of children of an older growth also. We hope the plan will succeed. The enterprise is thus very properly noticed in an evening paper:—

“Downright goodness.—Certain ladies of Hartford have opened a nursery where working people may deposit their children, from three months to eight years of age, and have them well cared for between the hours of 6.30, A.M., and 7, P.M., at five cents per head, the same rate at which we check umbrellas.”

To an announcement so full of suggestions further comment is unnecessary.

A STATUE TO BOERHAAVE.—The city of Leyden, Holland, has just inaugurated with great pomp a statue of Boerhaave, the great naturalist and physician, in presence of a vast multitude. A deputation from the Academy of Belgium attended, and the flags of that country were seen mingled with the Dutch colors. The monument is eleven feet eight inches high, and stands

on a pedestal of ten feet from the ground. The deceased is represented in his professional robe, with a book in his hand, and seems to be either beginning or terminating a lecture.

ARMY MEDICAL SCHOOL IN JAPAN.—Three Prussian medical officers have lately been sent out to establish an army medical school in Japan on European principles. The government has promised them every facility, and is determined that the Japanese surgeons shall, if possible, be rendered equal in knowledge and practical attainments to those of the Prussian army.

THE PLEASURES OF SELLING POISONS.—The Chinese are said to have some severe regulations as to the sale of poisons. The sale of arsenic is strictly prohibited without evidence and witnesses as to the propriety of the sale. According to Dr. Parker Smith, both seller and buyer are decapitated if fatal results ensue; otherwise they are strangled. If a druggist ignorantly or carelessly sells the poison, he receives eighty blows.

CAUSES OF BLINDNESS.—Of 500 cases at the Perkins Institution, South Boston, the causes of blindness were as follows:—Congenital, 37.75 per cent.; due to disease, 47.09 per cent.; due to accidents, 15.16 per cent. The mortality among the blind in that institution was 8.9 per cent. greater than that of the general population of Massachusetts.

INSANITY IN CALIFORNIA.—Dr. Henry Gibbons, of San Francisco, asserts that the prevalence of insanity in that State is a subject of frequent notice. In the State Asylum at Stockton are upwards of 1100 patients. Every day adds to the number, which increases in a much greater ratio than the general population. It is remarkable, also, how large a proportion of the victims come from the muscular stratum of society, men and women of coarse nerve, uncultivated and unrefined.

THE HEAT IN INDIA.—It is said by the *Times* of India that, although the heat in Bombay has not been excessive, it has been terrible in the northwest provinces. Cases of sunstroke have been very frequent; no European can venture out of doors after

nine in the morning; and in-doors, life is almost insupportable. Birds and small animals take refuge from the heat inside the houses, and "crows have actually been known to drop off the trees from sheer exhaustion." It is satisfactory to learn that, notwithstanding the great heat, cholera has been neither so widespread nor so fatal as in previous years. Smallpox has, however, committed great ravages, and dengue fever, which the *Times* of India describes as a most excruciatingly painful disease, has been prevalent throughout India and British Burmah.

BARON ITAPOAN.—This title has been conferred by the Imperial Government on Dr. Adriano Alves de Lima Gordilho, Professor of Medicine in Bahia.

Drs. Otho Wucherer, Luiz Alvares dos Santos, Demetrio Cyriaco Tourinho, and A. Le-Roy de Merincourt, of the same city, have been elected honorary Corresponding Members of the Imperial Academy of Medicine at Rio de Janeiro.—*Gazeta Medica da Bahia*.

USE OF ETHER IN IRELAND.—In the House of Commons recently, the Chief Secretary for Ireland was asked whether his attention had been called to the great intoxication in the northwest of Ireland, caused by the use of ether and a mixture of naphtha and ether, sold by chemists and grocers, and whether he was prepared to take steps to put a stop to the abuse, and deter parties who turn their establishments into dram shops.

DEATH-RATE IN THE UNITED STATES AND EUROPE.—It is a curious fact, one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine inhabitants, while in Oregon the rate is only one to every two hundred and nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.—*Med. and Surg. Reporter*.

ARTIFICIAL FECUNDATION.—M. Paul Labarthe describes, in *Le Mouvement Médicale*, an instrument devised by M. Roubaud for facilitating the artificial fecundation of women. It is said that twelve successful cases of this sort have been accomplished by the method advised by Marion Sims, of New York, and Prof. Courty, of Montpellier.

Correspondence.

THE DOCTORS' BLACK LIST.

THERE came into my hands a short time since a queer little blue covered book, marked "March"—"1872" on the cover. It looked so much like a sermon that I was tempted of a rainy Sunday to look over its contents. There were three texts at the top of the first page, which, without any indication of their origin, so that one could not judge their authenticity, read as follows:—

"This work will be issued semi-annually, in March and September.

"Boston is to be understood generally, in the absence of city or town designation.

"Names in Italics deserve especial notice."

The little work contained about thirty-three entire pages of names, and the internal evidence, with some little aid from a member of your profession, Messrs. Editors, led me to believe it to be the Doctors' Black List. Now, Messrs. Editors, I am an earnest believer in statistics, and therefore perused this work with exceeding admiration, as it enabled me to add to the numerous lists of tables by which some day I intend to infer or to prove something. This little book belongs to Boston and its neighborhood. The total number of names in its pages is eleven hundred and seventy-six. Of these, two hundred and eighty-seven, or, to speak more positively and correctly, only twenty-four and four hundred and four thousandths per cent. are indicated as inhabitants of Boston. The remainder not being such, the inference is, and it must be true, that a larger proportion of the inhabitants of Boston pay their debts than outsiders. It is much to be regretted that the birth-places of these twenty-four and a fraction per cent. were not indicated; for, as I understand, a large number, more than a majority, of the inhabitants of Boston were born elsewhere, I have no doubt the corrected statistics would show that nearly all Bostonians by birth pay their doctor's bills. By this I wish to be

understood as speaking of Bostonians proper, excluding of course those born in the lately civilized districts, formerly known as Dorchester and Roxbury.

But to return to this mass of statistics. The Black List contains the names of Smiths, 14; Hills, 11; Joneses, 10; Johnsons, 9; Taylors and Williamses, 7 each; Morses, Greens and Browns, 6 each; and Whites, 3. From this list a new and useful inference may be derived. Nineteen and one-tenth per cent. only of colored people refuse to pay their bills, while the mechanics, as Smiths and Taylors, fail to pay to the extent of twenty-seven and eighth-four hundredths per cent.

On examination of the whole list, I find but one member of Congress refuses to pay his doctor's bill, a fact which is well worth calling the attention of Boston physicians to, more especially as his dwelling place is put down as California. It did not need the searching eye of a statistician to note the superior honesty of the members of the medical profession, but curiosity prevailed, and, on the strictest search, not one physician's name could be found!

Now for residences. All Boston physicians should be gratified, all who purchase the Black List, I mean, at the distinctness with which the skallawags are pointed out, and the impossibility there is in mistaking the actual personage. I thought the patient perusal of this little volume would unmistakably enable me to mark out, in my own line of business, some of those who should not be trusted without security. I forgot to say that my dealing is in peanuts to some considerable extent. Think, then, of the gratification with which I found myself warned that, of these eleven hundred and seventy-six names, no one of whom I will ever trust, so long as I live in Boston, two live in Manchester, N. H., one in Portsmouth, three in N. Y., one each in Tisbury, Pawtucket, Buffalo, Provincetown, Athol, Montreal, New Bedford, Indiana, San Francisco University, Texas, Cambridgeport or Scotland G. B.; Boston or Nassau St. N. Y. or Philadelphia, Cambridgeport or Canada West, Lowell or Detroit. What a world of trouble this list will save to the members of your profession and mine who chance to possess a copy. One name I cannot easily make out the habitat of. It is put down *Mason St. for. Furs*.

But the matter is becoming more intensely interesting, and fearing to occupy too much space in your valuable JOURNAL, I subscribe myself yours, STATISTICS.

Medical Miscellany.

DR. LEONARD WHEELER, of Lincoln, Mass., has been engaged as superintendent of the Worcester City Hospital, in the place of Dr. J. G. Park, resigned.

MR. S. P. WETMORE, of Newport, has given \$1000 for the Newport City Hospital.

EXTRAORDINARY FECUNDITY.—Dr. Edw. Mason, of Alabama, recently reported a case of a lady who bore seventeen children in nineteen years—twice twins and once four at a birth. The latter died, but the other thirteen survived.

MASS. GEN. HOSPITAL.—The late Quincy Tufts, of Boston, left by his will ten thousand dollars to this hospital.

DR. HENRY BARTLETT.—We regret to record the death of Dr. Bartlett, one of our best known and esteemed physicians. He left active labor in his profession a year or two since, on account of failing health, and one year ago was so seriously ill that his life was despaired of. His last illness had been of some weeks' duration. Dr. Bartlett had for many years a very large practice, and possessed the love of his patients and the respect and confidence of the community in which he lived.

DR. FRANKLIN DODGE, a prominent physician at Harwich, died last week, aged 63 years. He was born in West Groton. He graduated at Amherst College in 1834, and received his medical degree at Dartmouth College in 1837. For some time he practised in this city with Dr. Doane.

A MEDICO-LEGAL MATTER.—The arm of the law is longer in England than it is in America, and it sometimes reaches offenders who in this country exercise their nefarious art with impunity. Late English journals contain the report of the trial and conviction under the British Medical Act of a "Dr." John Hamilton, of London, whose only offence was that he took and used the name and title of a doctor of medicine, surgeon, and general practitioner without proper authority. On his lamp, he was "accoucheur," on his brass-plate, he was "surgeon," and on his window he announced "medical advice;" but in the *Medical Register* his name did not appear. The defendant was fined forty shillings and costs, although he possessed an "American" diploma. May not the prosecution of this "American" doctor be made the occasion for the display of some diplomatic rhetoric?

DOCTORS' QUARRELS.—"The Stokes trial being over, the New York physicians are now quarrelling about the cholera." This is from a daily paper. It is libellous; it is a well-known fact that medical gentlemen in New York or anywhere else never quarrel. They sometimes have been understood to "disagree," but never to quarrel.

A CURIOUS and perhaps important discovery has been made recently by M. Kletzkinsky, a Viennese professor. Noticing that persons sick with the smallpox were often visited by flies, he placed near an open window of the hospital a saucer filled with glycerine. Soon the flies gathered and were caught like birds with glue. In their endeavors to free themselves, the foreign matter which had adhered to them was left in the glycerine, which was at once submitted to the action of a microscope. It was found that this substance, which was chemically pure when offered to the flies, was full of strange cells very like those seen in the vesicles of smallpox, but never on flies. This discovery shows that these insects are not only filthy, but can be very dangerous means of spreading contagious diseases.

PAMPHLETS RECEIVED.—Annual Address delivered before the Medical Association of Central New York, June 18, 1872, by the President, B. L. Hovey, M.D., of Rochester; and an Essay on Asiatic Cholera, by W. S. Ely, M.D., of Rochester. Pp. 12.

ERRATUM.—On page 53 of last issue, first line, "483" should be 989.

DIED.—At his residence in Boston Highlands, July 20th, Henry Bartlett, M.D., aged 72 years.

Deaths in seventeen Cities and Towns of Massachusetts, for the week ending July 20, 1872.

Cities and Towns.	No. of Deaths.	Newburyport	0
Boston	237	Somerville	12
Charlestown	25	Haverhill	9
Worcester	42	Holyoke	16
Lowell	43		537
Milford	7		
Chelsea	10		
Cambridge	43		
Salem	21		
Lawrence	15		
Springfield	18		
Lynn	15		
Fitchburg	7		
Taunton	12		

Prevalent Diseases.

Cholera Infantum . . .	219
Consumption	48
Dysentery & Diarrhoea .	25
Cholera Morbus	20
Typhoid fever	14
Pneumonia	13
Measles	12

There were five deaths from smallpox in Boston and one in Cambridge. Of the deaths reported as caused by cholera infantum and cholera morbus, one hundred and one were in Boston, nineteen in Salem, nineteen in Worcester, seventeen in Cambridge, twelve in Lowell, eleven in Lawrence, ten in Springfield and nine in Holyoke. Of the deaths from typhoid fever, nine were in Boston. Of the deaths from measles, four were in Holyoke.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, July 20th, 237. Males, 118; females, 119. Accident, 3—natives, 2—apoplexy, 1—bronchitis, 4—inflammation of the brain, 2—congestion of the brain, 5—disease of the brain, 6—cerebro-spinal meningitis, 1—cancer, 1—cholera infantum, 94—cholera morbus, 7—consumption, 16—convulsions, 3—cyanosis, 1—debility, 1—diarrhoea, 11—dropsy, 2—dropsy of the brain, 3—drowned, 2—dysentery, 4—erysipelas, 1—continued fever, 1—scarlet fever, 1—typhoid fever, 9—disease of the heart, 2—hernia, 1—infantile, 1—intemperance, 1—disease of the kidneys, 5—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 9—measles, 3—paralysis, 1—premature birth, 3—peritonitis, 2—scrofula, 2—smallpox, 5—stroke, 5—teething, 1—whooping cough, 2—unknown, 5.

Under 5 years of age, 138—between 5 and 20 years, 11—between 20 and 40 years, 41—between 40 and 60 years, 17—above 60 years, 10. Born in the United States, 190—Ireland, 25—other places, 22.